



1905 Kearney Avenue, Racine, WI 53403

PH: 800-357-8538 / 262-634-2386 FAX:888-700-6114 / 262-634-6259

EMAIL: sales@greatlakesintl.com

**New Account Application**

Check type of account: \_\_\_OEM/Distributor \_\_\_Dealer/Retailer \_\_\_Commercial Consumer \_\_\_Individual Consumer

Name of Company or Individual \_\_\_\_\_ DBA \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Street Address (Cannot be a PO Box) \_\_\_\_\_

Same as Bill To

Billing City, State, Zip Code \_\_\_\_\_ Shipping City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Website(s) \_\_\_\_\_

**Section To Be Completed By Business and Commercial Accounts**

Federal Tax ID # or SS #: \_\_\_\_\_

Type of company: \_\_\_Proprietorship \_\_\_Partnership \_\_\_Corporation \_\_\_Other\_\_\_\_\_

Number of years in business:\_\_\_\_\_ If incorporated, State of Incorporation:\_\_\_\_\_ Year of Incorporation:\_\_\_\_\_

-If you are a Wisconsin or Indiana based company, please provide a separate Sales and Use Tax Exemption Certificate.

-If you do not provide a Tax Exemption Certificate, Wisconsin or Indiana Sales Tax will be charged.

Purchasing Contact Person \_\_\_\_\_ Accounts Payable Contact Person \_\_\_\_\_

Email \_\_\_\_\_ Phone # (Ext.) \_\_\_\_\_ Email \_\_\_\_\_ Phone # (Ext.) \_\_\_\_\_

**Signature Required For All Accounts**

Desired payment terms: \_\_\_CIA/Prepay \_\_\_Credit Card (Visa or MasterCard) \_\_\_Certified C.O.D. (Money Order/Cashier's Check)

The applicant signing below warrants that the information submitted is true and correct and represents that he/she has the authority to execute this application on behalf of the company/individual identified.

In the event any third parties are employed to collect any outstanding monies owed, the undersigned agrees to pay in addition to all sums due, reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. It is understood that this agreement shall be continuing and irrevocable for indebtedness of said business.

By signing below the applicant also acknowledges that they have received, understand, and agree to the terms and conditions of Great Lakes International, Inc.'s Terms and Conditions Agreement dated 11-01-2012.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_